



APPRAISER APPLICATION DATA SHEET
ALL INFORMATION IS REQUIRED – PLEASE PRINT LEGIBLY

Name: _____
AS SHOWN ON LICENSE

Today's Date: _____

Date of Birth: _____

Gender: Male Female

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Main Phone # (to appear on listings): _____

Email Address: _____

Appraiser License Number: _____

State: _____

Do you currently or have you EVER belonged to another Association? Yes No

If yes, where? _____ Current Member

NRDS Number: _____

Preferred Mailing Address: Home Office SUPRA eKey 4 digit pin#: _____

For WARDEX Access

User Name (up to 8 characters): _____

Password: temp password will be given
(the first time you log in, you will be prompted to
update your password)

FIRM/OFFICE INFORMATION

Firm/Office Name: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

Date Hired by Firm: _____

NOTE: ONCE ALL REQUIRED SIGNATURES HAVE BEEN OBTAINED, PLEASE SUBMIT TO KGVAR



APPLICATION FOR APPRAISER MEMBERSHIP
ALL INFORMATION IS REQUIRED – PLEASE PRINT LEGIBLY

To: KINGMAN/GOLDEN VALLEY ASSOCIATION OF REALTORS®

I hereby apply for Appraiser Membership in the Kingman/Golden Valley Association of REALTORS® (hereinafter KGVAR). My Application Fee and Annual Dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Bylaws, Rules & Regulations, and Policy Statements of the KGVAR and WARDEX. If required, I further agree that I will satisfactorily complete a reasonable and non-discriminatory written examination on such Bylaws, Rules & Regulations, and Policy Statements. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should requirements not be completed within the timeframe established within the Association’s Bylaws and Policy Statements.

I hereby submit the following information for consideration:

Name (AS SHOWN ON LICENSE): _____

Nickname: _____

Appraiser License Number: _____ State: _____

Licensed/Certified Appraiser: Yes No

Provide all addresses and phone numbers. Check boxes for primary contacts:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Office Address: _____

Office Phone: _____

E-mail Address: _____

Website: _____

Are you currently a Member of another Board or Association, which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you previously held Membership in another Board or Association (within the past 3 years)?
 Yes No

If "yes", please list each Board and Association where Membership was held, type of Membership held, and approximate dates of Membership.

If you are now or have ever been a REALTOR®, indicate your NRDS number: _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Kingman/Golden Valley Association of REALTORS® are not deductible as charitable contributions. However, such payments may be deductible as an ordinary and necessary business expense. No refunds.

I agree that no other Individuals or Offices will be allowed access to my personal WARDEX log-on, or user name information. I further agree that I will not distribute in any form or manner, proprietary information collected from WARDEX to any other Individual, Agent, Appraiser, or Office.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Applicant's Signature: _____ Date: _____

Specialty:

Residential Commercial Resort International Other _____

How long with current appraiser: _____ Years in appraisal business: _____

*Amended by KGVAR—January 2016
*Amended by KGVAR—April 2016
*Amended by KGVAR—September 2016